FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL       |           |  |  |  |  |  |  |  |  |
|--------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:        | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average  | burden    |  |  |  |  |  |  |  |  |
| hours per response | e: 0.5    |  |  |  |  |  |  |  |  |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(b).                      |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* FRADIN ROGER    |  |  |           |        | HO   | 2. Issuer Name and Ticker or Trading Symbol HONEYWELL INTERNATIONAL INC [ HON ] |  |   |                                     |        |                    |  |                                   |   | k all applic<br>Directo                             | ,  |                                 | on(s) to Issi<br>10% Ov<br>Other (s                                      | vner   |
|--|--|--|-----------|--------|--|---|--|---|-------------------------------------|--------|--------------------|--|-----------------------------------|---|---|--|---------------------------------|--|--|
| (Last) (First) (Middle) 101 COLUMBIA ROAD                |  |  |           |        |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/07/2011                     |  |   |                                     |        |                    |  |                                   |   | below)  | esident 8  | & CEO                           | below)   | peony  |
| (Street) MORRISTOWN NJ 07960                             |  |  |           |        | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |   |                                     |        |                    |  |                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting |   |  |                                 |  |  |
| (City)   | (Stat  | e) (Z                                      | p)        |        |  |   |  |   |                                     |        |                    |  |                                   |   | Person  |  |                                 |  | 9  |
|  |  | Table                                      | l - Non   | -Deriv | ative  | Sec   | urities  | Acc   | quired,                             | Dis    | posed o            | f, or Ber  | nefici                            | ally  | Owned   |  |                                 |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |  |  |           |        | Execution Date,  |   |  | 3.<br>Transaction Code (Instr. 8)  4. Securities Disposed Of 5) |                                     |        |                    |  |                                   |   | es Form<br>ally (D) o<br>following (I) (In          |  | : Direct<br>Indirect<br>str. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |
|  |  |  |           |        |  |   |  | Code  | v                                   | Amount | (A) or<br>(D)      | Price  | е                                 | Transacti<br>(Instr. 3 a  | ion(s)  |  |                                 | (IIISU. 4)   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |           |        |  |   |  |   |                                     |        |                    |  |                                   |   |   |  |                                 |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution |        | 4.<br>Transaction<br>Code (Instr.<br>8)                  |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | 6. Date E<br>Expiration<br>(Month/E | on Dat |                    | 7. Title an<br>Amount o<br>Securities<br>Underlyin<br>Derivative<br>(Instr. 3 au | f<br>s<br>g<br>e Securi           | E   | 3. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4) | e<br>S<br>Illy                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |  |           |        | Code   | v   | (A)  | (D)   | Date<br>Exercisa                    |        | Expiration<br>Date | Title  | Amou<br>or<br>Numb<br>of<br>Share | er  |   |  |                                 |  |  |
| Supplemental<br>Savings Plan<br>Interests                | (1)  | 10/07/2011                                 |           |        | A <sup>(2)</sup>   |   | 34.03  |   | (2)                                 |        | (2)                | Common<br>Stock  | 34.0                              | 3   | \$45.49   | 7,907.4  | 82                              | D  |  |

## Explanation of Responses:

- 1. Instrument converts to common stock on a one-for-one basis.
- 2. Reflects phantom shares of common stock represented by Company contributions to my account under the Executive Supplemental Savings Plan under Rule 16b-3 on 10/07/2011.

Jacqueline Katzel FOR Roger

10/11/2011

<u>Fradin</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$ 

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.